Health, Welfare Public Service

300
1-56

FILED APR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14327
STATE FILE NUMBER

Registration District No. 299 Primary Registration District No. 3558 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Reynolds	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Reynolds
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centerville — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Centerville — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b 18 Months	d. STREET ADDRESS 0900 0 (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First MARTHA	Middle JANE	Last HURT	4. DATE OF DEATH Month March Day 25 Year 1957
5. SEX F	6. COLOR OR RACE W	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Feb 9 1882	9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months 1 Days 16 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Ste. Genevieve County	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME JOHN DENNISTON		14. MOTHER'S MAIDEN NAME LEVINA JOHNSTON		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address James P. Hurt, Centerville, Mo		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Valvular Heart Deficiency — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4214

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 20 1957 to March 25 1957 and last saw her alive on March 16, 1957
Death occurred at 8:27 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. M. Fitzpatrick M.D.

22b. ADDRESS Lesterville Mo.

22c. DATE SIGNED 3/26/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/27/1957	23c. NAME OF CEMETERY OR CREMATORY Shiloh Cemetery	23d. LOCATION (City, town, or county) (State) Seventy Six, Mo
24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton, Mo		25. DATE RECD. BY LOCAL REG. 3/26/1957	26. REGISTRAR'S SIGNATURE C. M. Fitzpatrick

Aurel S White (Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Received 4-15-57
Reynolds County Health Ce
File No. 457 - 13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Lyle R. White

Licensed Embalmer No. 429

P. O. Address Doniphan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.